Application Data Sheet

Application Information

Filing Date:: 10/08/03

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: 604

Suggested Group Art Unit:: 3749

CD-ROM or CD-R? None

Title:: Extracorporeal Blood Processing Methods and

Apparatus

Attorney Docket Number:: 109-03

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure:: 11

Total Drawing Sheets:: 15

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Thomas J.

Family Name:: Felt

City of Residence:: Boulder

State or Province of Residence:: CO

Country of Residence:: US

Street of mailing address:: 4210 Evans Drive

City of mailing address:: Boulder

State or Province of mailing address:: CO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 80303

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name:: Marlene Adele

Family Name:: Bainbridge

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Correspondence Information

Correspondence Customer Number:: 23713

Name:: Greenlee, Winner and Sullivan, P.C.

Street of mailing Address:: 5370 Manhattan Circle, Suite 201

City of mailing address::

State or Province of mailing address::

CO

Country of mailing address::

US

Country of mailing address:: US
Postal or Zip Code of mailing address:: 80303

Phone number:: 303-499-8080 Fax number:: 303-499-8089

E-Mail address:: winner@greenwin.com

Representative Information

Representative Customer Number:	23713

Domestic Priority Information

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Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	continuation-in-part	09/746,987	12/22/00
	of		
09/746,987	An application claiming the benefit under 35 USC 119(e)	60/171,932	12/22/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
[up to 50 characters]	Up to 20 characters. See Appendix B for instructions	Mm/dd/yy	Yes or No

Assignment Information

Assignee Name:: Gambro, Inc.

Street of mailing address:: 10810 West Collins Avenue

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State or Province of mailing address:: CO Country of mailing address:: US

Postal or Zip Code of mailing address:: 80215